

**UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF VIRGINIA
Alexandria Division**

In re:)	Case No. 12-11061-BFK
)	Chapter 7
DHARMESH VINODRAI MEHTA)	
RENU DHARMESH MEHTA)	
)	
Debtors.)	
<hr style="border: 0.5px solid black;"/>		
)	Adv. No.
SANJIV D. SHAH)	
KAMINI S. SHAH)	
)	
Plaintiffs)	
)	
v.)	
)	
DHARMESH VINODRAI MEHTA)	
RENU DHARMESH MEHTA)	
)	
Defendants)	
<hr style="border: 0.5px solid black;"/>		

COMPLAINT OBJECTING TO DISCHARGE OF DEBTORS

COME NOW the Plaintiffs herein, creditors Sanjiv D. Shah and Kamini S. Shah, by counsel, and file this Complaint objecting to discharge of the debtors pursuant to 11 U.S.C. § 727 and Bankruptcy Rule 4004(d) and 7001(4) of the Federal Rules of Bankruptcy Procedure. The Court has jurisdiction in this matter pursuant to 28 U.S.C. § 1334, and venue is proper pursuant to 28 U.S.C. § 1409. This is a core proceeding pursuant to 28 U.S.C. § 157(b)(2)(j). In support of their Complaint, the Plaintiffs state the following:

1. That Debtors have knowingly and fraudulently misrepresented information regarding their assets in Schedules A and B of their Voluntary Petition.

2. That Debtors have failed knowingly and fraudulently misrepresented information regarding their employment, income, transfers, banking, and corporate positions in the Statement of Financial Affairs.

INCOME

3. That in section (1) of the Statement of Financial Affairs, Dharmesh Mehta (“Dharmesh”) lists 2011 earnings of \$68,000 from “self-employment income from CPR Medical Transportation, LLC (“CPR”),” and \$2,200 as a consultant, while only listing \$5,500 YTD 2012 income from consulting.

4. That in 2012, up to the petition filing date, Dharmesh was paid at least \$10,500 by checks written to him from CPR.

5. That upon information and belief, Dharmesh cashed or cashes such checks utilizing local check cashing services.

6. That in September 29, 2011, sworn deposition testimony given in *Dharmesh Vinodrai Mehta and Renu Dharmesh Mehta v. Manish Mehta and Meghna Mehta*, Fairfax County Circuit Court, Case No. CL201-3577, Renu Mehta (“Renu”) stated that her current employment involved cultural fairs, and responded affirmatively when asked whether she goes to cultural affairs, sets up a booth and sells her items.

7. That in section (1) of the Statement of Financial Affairs, Renu lists no income in connection with selling boutique or cultural items at fairs, shows or elsewhere.

SAI PRASAD MEDICAL TRANSPORTATION, LLC

8. That Debtors state in section (18) of the Statement of Financial Affairs that as of December, 2010, they were no longer officers, directors, partners, or managing executives of Sai Prasad Medical Transportation, LLC (“Sai Prasad”).

9. That furthermore, at the Section 341 meeting herein, Dharmesh stated under oath that he had sold Sai Prasad a couple of years ago.

10. That in September 22, 2011, sworn deposition testimony given in *Dharmesh Vinodrai Mehta and Renu Dharmesh Mehta v. Manish Mehta and Meghna Mehta*, Fairfax County Circuit Court, Case No. CL201-3577, Dharmesh stated that Sai Prasad was still open, that he was still operating the business out of his Annandale home.

11. That in section (10) of the Statement of Financial Affairs, Debtors state that they relinquished their interest in Sai Prasad in January, 2011, to Moulin Lalaji, in exchange for a release of debt.

12. That upon information and belief, Mr. Lalaji had previously lent the sum of \$21,000 to Sai Prasad, and not to Debtors, for use as a down payment for Sai Prasad's medical transportation vans—thus the aforementioned debt concerned money which Sai Prasad, and not the Debtors, owed Mr. Lalaji. Copies of the money orders Mr. Lalaji tendered to Sai Prasad are collectively attached hereto as *Exhibit 1*.

13. That accordingly, in section (10) of the Statement of Financial Affairs, Debtors represent the relinquishment of their interest in Sai Prasad in exchange for satisfaction of a debt they did not owe. A copy of the January 28, 2011, *Agreement and Release* between Debtors and Mr. Lalaji is attached hereto as *Exhibit 2*, and the same evidences that Sai Prasad, and not the Debtors, purportedly owed \$21,000 to Mr. Lalaji and his family.

14. That furthermore, approximately three months after said purported transfer and relinquishment of interest, Debtors entered into a certain April 12, 2011, *Membership Interest Purchase Agreement* with Moulin Lalaji and Minaxi Vinodrai Mehta, whereby Debtors purport to sell their interest in Sai Prasad to Mr. Lalaji and Ms. Minaxi Mehta, for the sum of \$44,000.

15. That upon information and belief, Minaxi Vinodrai Mehta is Dharmesh's mother.

16. That upon information and belief, Ms. Minaxi Mehta did not pay any of said \$44,000 to Debtors at any closing which may have occurred in connection with said April 12, 2011, agreement.

17. That to the extent Dharmesh's mother actually received any interest in Sai Prasad pursuant to the April 12, 2011, agreement, said transaction constitutes a gift not stated in Debtors' Statement of Financial Affairs.

18. That Debtors failed to disclose the purported transfer resulting from the April 12, 2011, agreement.

19. That on July 21, 2010, the Washington Metropolitan Area Transit Commission ("WMATC") received a WMATC *Contract of Lease* between Sai Prasad and CPR, in which Sai Prasad leased three vehicles to CPR. A copy of said Lease, with Appendix A, is attached hereto as *Exhibit 3*.

20. That attached hereto as *Exhibit 4* are three Virginia DMV Motor Vehicle Registrations certificates which correspond to the three vehicles listed on Appendix A of said Lease.

21. That one of the three certificates of registration was issued on July 1, 2010, expiring July 31, 2012, while the other two were recently issued on May 17, 2012.

22. That the listed registrant for each of the three vehicles is "Corporate Fleet Leasing c/o Saiprasad Medical Trans LL, 4119 Woodlark Dr, Annandale VA 22003-2343." The VSCC lists no entity known as "Corporate Fleet Leasing" and the listed address is Debtors' present address. A copy of the VSCC report for "Corporate Fleet Leasing" is attached hereto as *Exhibit 5*.

23. That in section (1) of the Statement of Financial Affairs, Dharmesh lists no 2011 or 2012 income in connection with Sai Prasad Medical Transportation, LLC.

MINI MART III, INC.

24. That Debtors state in section (18) of the Statement of Financial Affairs that as of December 2010, they were no longer officers, directors, partners, or managing executives of Mini Mart III, Inc.

25. That or about March 23, 2012 (after the petition filing date), Dharmesh submitted a 2012 Annual Report to the Virginia State Corporation Commission (“VSCC”) which stated and affirmed that he was President, and that Renu was Vice President, of Mini Mart III, Inc. A copy of said 2012 Annual Report is attached hereto as *Exhibit 6*.

26. That in September 22, 2011, sworn deposition testimony given in *Dharmesh Vinodrai Mehta and Renu Dharmesh Mehta v. Manish Mehta and Meghna Mehta*, Fairfax County Circuit Court, Case No. CL201-3577, Dharmesh stated that Mini Mart III, Inc. was still open and operating from his Annandale home.

27. That Dharmesh lists no 2011 or 2012 income in connection with Mini Mart III, Inc., in section (1) of the Statement of Financial Affairs.

AMIGO SERVICES, INC.

28. That Debtors state in section (18) of the Statement of Financial Affairs that as of December 2010, they were no longer officers, directors, partners, or managing executives of Amigo Services, Inc.

29. That or about April 30, 2012 (after the petition filing date), Dharmesh submitted a 2012 Annual Report to the VSCC which stated and affirmed that he was President, and that Renu

was Vice President, of Amigo Services, Inc. A copy of said 2012 Annual Report is attached hereto as *Exhibit 7*.

30. That in September 22, 2011, sworn deposition testimony given in *Dharmesh Vinodrai Mehta and Renu Dharmesh Mehta v. Manish Mehta and Meghna Mehta*, Fairfax County Circuit Court, Case No. CL201-3577, Dharmesh stated that Amigo Services, Inc., was still open, that he was still operating the business out of his Annandale home.

31. That in section (1) of the Statement of Financial Affairs, Dharmesh lists no 2011 or 2012 income in connection with Amigo Services, Inc.

MASTERSOFT TECHNOLOGIES, LLC

32. That Debtors state in section (18) of the Statement of Financial Affairs that as of December 12, 2010, they were no longer officers, directors, partners, or managing executives of Mastersoft Technologies, LLC.

33. That in September 22, 2011, sworn deposition testimony given in *Dharmesh Vinodrai Mehta and Renu Dharmesh Mehta v. Manish Mehta and Meghna Mehta*, Fairfax County Circuit Court, Case No. CL201-3577, Dharmesh stated that Mastersoft Technologies, LLC was still open, that he was still operating the business out of his Annandale home.

34. That in section (1) of the Statement of Financial Affairs, Dharmesh lists no 2011 or 2012 income in connection with Mastersoft Technologies, LLC.

AMIT SERVICES, INC.

35. That Debtors state in section (18) of the Statement of Financial Affairs that as of December 2010, they were no longer officers, directors, partners, or managing executives of Amit Services, Inc.

36. That or about March 30, 2011, Dharmesh submitted a 2011 Annual Report to the VSCC which stated and affirmed that he was President, and that Renu was Vice President, of Amit Services, Inc. A copy of said 2011 Annual Report is attached hereto as *Exhibit 8*.

RENU FINANCIAL SERVICES, INC.

37. That Debtors state in section (18) of the Statement of Financial Affairs that as of October 2008, they were no longer officers, directors, partners, or managing executives of Renu Financial Services Inc.

38. That or about February 2, 2009, Dharmesh submitted a 2009 Annual Report to the VSCC which stated and affirmed that he was President, and that Renu was Vice President, of Amigo Services, Inc. A copy of said 2009 Annual Report is attached hereto as *Exhibit 9*.

BANKING AND PROPERTY

39. That upon information and belief, Dharmesh and/or Debtors had multiple accounts with ICICI Bank within the last two years.

40. That if said accounts were closed within one year immediately preceding the Debtors' petition filing, the information stated in section (11) of the Statement of Financial Affairs constitutes a misrepresentation.

41. That if funds in said accounts were transferred out of the account within two years immediately preceding the Debtors' petition filing, the information stated in section (10) of the Statement of Financial affairs may constitute a misrepresentation.

42. That upon information and belief, Dharmesh and/or Debtors own property interests in India, including property located at 7A Rajratan Palace, II, Shankar Lane, Kandavali West, Mumbai, 67, India, which property is owned by Dharmesh, his brothers and his mother.

43. That Debtors have failed to list any such property in India in Schedule A.

44. That upon information and belief, Debtors pawned, and retrieved, several thousand dollars worth of gold and jewelry during the two years immediately preceding their filing herein, at May Jewelers in Tysons Corner, Virginia.

45. That if Debtors still possess said gold and jewelry, they grossly misrepresented the description and value thereof in Schedule B

46. That if Debtors have sold, transferred or gifted said gold and jewelry, they have failed to disclose the details of any such gift or transfer in the Statement of Financial Affairs.

47. That upon information and belief, Dharmesh and or Debtors have a life insurance policy based in India, which they have failed to disclose in Schedule B of the petition.

48. That because Debtors remain officers of multiple Virginia corporations, as evidenced by their 2012 Annual Report submissions signed by Dharmesh, Debtors are required, yet have failed to complete questions 19-25 of the Statement of Financial Affairs.

49. That Debtors' failure to complete questions 19-25 of the Statement of Financial Affairs, specifically those regarding the books, records and financial statements of the corporations of which Debtors remain officers, impedes Plaintiffs' ability to explore and identify potential 11 U.S.C. § 727(a)(3) violations

50. That Debtors' Schedules and Statement of Financial Affairs were signed and submitted under penalty of perjury.

51. That Plaintiffs further aver that based upon the foregoing facts and others that will be developed in the course of discovery, the Debtors' acts are in contravention of the provisions of 11 U.S.C. § 727(a)(2), (3), (4) and/or (5), and therefore constitute grounds to deny the Debtors' discharge.

WHEREFORE, upon the bases set forth above, Plaintiffs pray:

(1) that Defendants be required to answer in the time allowed by law;

(2) that the Trustee in Debtor's Chapter 7 bankruptcy case undertake an investigation into the matters set forth above, in addition to all other matters of possible fraud and misrepresentation;

(2) that upon a hearing of this matters, the Court deny the discharge of the Debtors; and

(3) that the Court grant such other relief as is just and proper.

Dated: July 24, 2012

Respectfully Submitted,
SANJIV D. SHAH
KIMINI S. SHAH
By counsel

/s/ Marc A. Busman

MARC A. BUSMAN, ESQ, VSB 13030
KEVIN S. JAROS, ESQ., VSB 65582
BUSMAN & BUSMAN, P.C.
P.O. Box 7514
Fairfax Station, Virginia 22039
(703) 503-8088 (Phone)
(703) 425-8487 (Facsimile)
mbusman@busmanandbusman.com
Counsel for Plaintiffs

M 08943-R

HOLD DOCUMENT UP TO THE LIGHT TO VIEW TRUE WATERMARK

WACHOVIA
CASHIER'S CHECK

HOLD DOCUMENT UP TO THE LIGHT TO VIEW TRUE WATERMARK

64-7002
2811

1602284484



1300135

12/21/2010

WACHOVIA

Pay To The Order Of ***** SAIPRASAD MEDICAL TRANS LLC *****

\$ \$7,000.00

*SEVEN THOUSAND DOLLARS AND 00 CENTS
Wachovia Bank, a division of Wells Fargo Bank, N. A.

RITIN LALAJI DOWNPAYMENT FOR VAN
Remitter

Celiste P. Bourassa
Authorized Signature

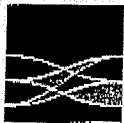
Dollars



⑈1602284484⑈ ⑆261170025⑆5079900000916⑈

EXHIBIT

tabbles



1300135

64-7002
2611

1602284467

12/13/2010

WACHOVIA

Pay To The
Order Of Saiprasad Medical Transportation, LLC

\$ \$7,000.00

*SEVEN THOUSAND DOLLARS AND 00 CENTS

Wachovia Bank, a division of Wells Fargo Bank, N. A.

Ritin Lalaji-downpmt for Med Van

Remitter

Ananda S. Kurzman
Authorized Signature

Dollars



⑈ 1602284467 ⑈ ⑈ 261170025⑈ 5079900000916 ⑈

HOLD DOCUMENT UP TO THE LIGHT TO VIEW TRUE WATERMARK



1300135

**WACHOVIA
CASHIER'S CHECK**

64-7002
2611

1602284468

12/13/2010

WACHOVIA

Pay To The
Order Of Saiprasad Medical Transportation, LLC

\$ \$7,000.00

*SEVEN THOUSAND DOLLARS AND 00 CENTS

Wachovia Bank, a division of Wells Fargo Bank, N. A.

Ritin Lalaji-downpmt for Med Van

Remitter

Ananda S. Kurzman
Authorized Signature

Dollars



⑈ 1602284468 ⑈ ⑈ 261170025⑈ 5079900000916 ⑈

27

AGREEMENT AND RELEASE

This Agreement is entered into by and between SAIPRASAD MEDICAL TRANSPORTATION LLC (members DHARMESH MEHTA and RENU MEHTA) AND MOULIN LALAJI.

WHEREAS, SAIPRASAD MEDICAL TRANSPORTATION LLC (the "Members") acknowledges that they owe \$ 21,000.00 to MOULIN LALAJI and His Family.

NOW THEREFORE, in consideration of the mutual covenants set forth herein, and of other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the parties covenant and agree as follows:

DHARMESH MEHTA and RENU MEHTA hereby relinquishes any and all rights to and interest in SAIPRASAD MEDICAL TRANSPORTATION LLC and agrees to transfer any and all such rights and interest to MOULIN LALAJI.

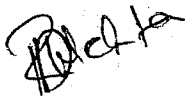
IN WITNESS WHEREOF, this agreement and release has been duly executed by the undersigned effective as of the 28th day of January, 2011.



DHARMESH MEHTA

01/28/2011

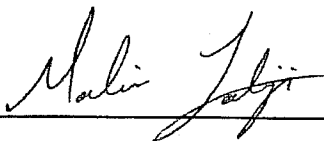
DATE



RENU MEHTA

01/28/2011

DATE



MOULIN LALAJI

1/28/2011

DATE

EXHIBIT

2

tabbies

WASHINGTON METROPOLITAN AREA TRANSIT COMMISSION
CONTRACT OF LEASE

For Commission Use Only Date Filed:	Action:
RECEIVED	
JUL 21 2010	
Washington Metropolitan Area Transit Commission	

APPROVED

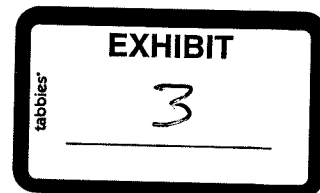
Whereas, (name) SAIPRASAD MEDICAL TRANSPORTATION LLC, of
(address) 4119 WOODLARK DR., ANNANDALE VA 22003,
hereinafter referred to as lessor, wishes to enter into an agreement of lease with
(name) C. P. R. MEDICAL TRANSPORTATION LLC, of
(address) 701 RITCHIE RD., CAPITOL HEIGHTS MD 20743,
hereafter referred to as lessee, who holds WMATC Certificate No. 1551, to lease
to lessee the following motor vehicles:

Year	Make	Seating Capacity	VIN Number
		SEE ATTACHED	

or motor vehicle(s) more fully described in **Appendix A** attached hereto and made a part
hereof, and said lease shall begin on (date) SEE ATTACHED and shall
end (termination date or "continuous") CONTINUOUS.

For and in consideration of the lease of the vehicle(s) herein described, the lessee
agrees to pay to the lessor \$ SEE ATTACHED per SEE ATTACHED


This lease may be cancelled unilaterally by the lessor or the lessee by filing with
the Commission a notice of termination not less than 30 DAYS days prior to the
proposed termination date. This lease may be cancelled by mutual consent by filing with
the Commission a notice of termination at any time prior to the termination date. This
lease shall expire at 11:59 p.m. on the date of termination.



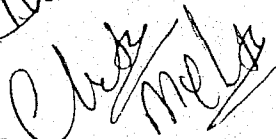
The lessor and lessee agree by the filing of this contract of lease with the WMATC that the motor vehicle(s) named in this lease shall be operated by and under the complete control of the lessee, and no other, for the period of the lease; and for all regulatory purposes including, but not limited to, insurance, rates and charges, vehicle identification, and motor vehicle fuel and road taxes, such motor vehicle(s) shall be considered as the vehicle(s) of the lessee. The lessee agrees to operate each vehicle under the lease with a qualified driver in his employ who is subject to the direction and control of the lessee or with a qualified driver obtained from a personnel supplier not controlling, controlled by, or under common control or contractual relationship with the lessor.

During the period of this lease, neither the lessor nor the lessee shall enter into any other contract or subcontract for lease or sublease of the same vehicle(s) and no person other than the lessee shall operate said vehicle(s) without the approval of the Commission pursuant to Regulation No. 62-02.

No agreement or contract between the parties to this lease shall in any way alter, change or amend the terms of this contract of lease.



Lessor SAIPRASAD MEDICAL TRANSPORTATION LLC



Lessee CHETNA MEHTA, CHAIRMAN OF THE BOARD & CEO

APPENDIX C: For each vehicle covered by this lease, attach a legible copy of the current registration card showing that the vehicle is registered to the LESSOR.

APPENDIX A

Year	Make	Seating Capacity	VIN Number	Monthly Payments(Lease)	Lease Effective on
2010	FORD	4 AMB	1FAHP2DW8AG157637	\$685.00	05/22/10
2010	FORD	7 AMB	2FMGK5BC1ABA58224	\$881.00	05/29/10
2010	DODGE	3 AMB 2WHLCHR	2D4RN4DE9AR248005	\$1151.00	05/29/10



Document Page 17 of 27
VIRGINIA MOTOR VEHICLE REGISTRATION

VSA-0 (REV 08/06)

Title Number	Veh. Identification Number (VIN)		Date Issued	Plate Number	Plate Type	Sticker	Expiration Date	
79418738	2D4RN4DE9AR248005		05/17/12	H518858	PHIRE		07/31/13	
Vehicle Make	Model		Body	Year	Color	Fuel	Vehicle Use	Axles
DODGE	CARAVAN		ST WGN	2010	RED	GAS	FOR HIRE	2
Purchase Date	Odometer at Titling	Lien at Reg	EW	GW	GVWR	GCWR	Unit #	
05/29/10	45 ACTUAL	Y	4224					

CORPORATE FLEET LEASING
C/O SAIPRASAD MEDICAL TRANS LL
4119 WOODLARK DR
ANNANDALE VA 22003-2343

LEASING COMMON CARRIER-IRREG

FAIRFAX COUNTY

VRA 200
INTNET

Y



DMV verifies insurance coverage of all registered vehicles. If you cancel your insurance, notify DMV and return the license plates. If you do not notify DMV, your driver's license will be suspended and all of your vehicle license plates will be cancelled.

This card must be carried in the motor vehicle when in operation but does not permit holder to operate a motor vehicle.



Document Page 18 of 27
VIRGINIA MOTOR VEHICLE REGISTRATION

VSA-0 (REV 08/06)

Title Number	Veh. Identification Number (VIN)	Date Issued	Plate Number	Plate Type	Sticker	Expiration Date	
79418733	2FMGK5BC1ABA58224	05/17/12	H518856	PHIRE		07/31/13	
Vehicle Make	Model	Body	Year	Color	Fuel	Vehicle Use	Axles
FORD	FLEX	ST WGN	2010	SIL	GAS	FOR HIRE	2
Purchase Date	Odometer at Titling	Lien at Reg	EW	GW	GVWR	GCWR	Unit #
05/29/10	221 ACTUAL	Y	4498				

CORPORATE FLEET LEASING
C/O SAIPRASAD MEDICAL TRANS LL
4119 WOODLARK DR
ANNANDALE VA 22003-2343

LEASING COMMON CARRIER-IRREG

FAIRFAX COUNTY

VRA 200
INTNET



DMV verifies insurance coverage of all registered vehicles. If you cancel your insurance, notify DMV and return the license plates. If you do not notify DMV, your driver's license will be suspended and all of your vehicle license plates will be cancelled.

This card must be carried in the motor vehicle when in operation but does not permit holder to operate a motor vehicle.

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Distinguishability

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Business Entities

UCC or Tax Liens

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Business Entity Search

Help

This page will allow you to locate business entities and view their details. If you are logged in you will be able to complete SCC eFile actions for a selected business entity.

Enter Business Entity Name or SCC ID:

[Check name distinguishability](#)

Your Search: **corporate fleet leasing**

Your Results: **(click on a business entity to view details or take action)**

SCC ID	Business Entity Name	Entity Type	Status
01829084	CORPORATE FLEET MANAGEMENT, INC.	Corporation	Purged
03367364	CORPORATE FOOD SERVICE OF VIRGINIA, LTD.	Corporation	Purged
S1858036	CORPORATE FORMATION SERVICES, LLC	Limited Liability Company	Canceled
01617026	CORPORATE FRAMING SERVICES	Corporation	Fictitious name
03042876	CORPORATE & FRANCHISE INTERIORS, INC.	Corporation	Active
05236534	CORPORATE FULFILLMENT, INC.	Corporation	Purged
07093594	CORPORATE FUNDING & INSURANCE SERVICES, INC.	Corporation	Fee delinquent
05890074	CORPORATE FUSION, INC.	Corporation	Purged
05890074	CORPORATE FUSIONS, INC.	Corporation	Purged
F1531716	CORPORATE GENERAL AL, INC. (USED IN VA BY:CORPORATE GENERAL, INC.)	Foreign Corporation	Active

Showing 1 to 10 of 85 entries

The search will look for an exact match plus any business entity names that alphabetically follow (e.g. ABC will also return ABC Contractors, Inc.).

Note: General Partnerships, including those registered for status as a Limited Liability Partnership (LLP), are not searchable on this site. For information regarding a general partnership of record with the Commission, please contact the Clerk's Office at (804) 371-9733 or toll-free in Virginia at 1-866-722-2551.

Screen ID: e0800

Need additional information? Contact sccinfo@scc.virginia.gov Website questions? Contact: webmaster@scc.virginia.gov

We provide external links throughout our site.

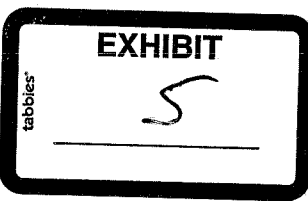
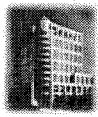
PDF(.pdf) Reader

Excel(.xls) Viewer

PowerPoint(.ppt) Viewer

Word(.doc) Viewer

Build #: 1.0.0.24056



COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSIONFile online at
sccefile.scc.virginia.gov

212065851

1. CORPORATION NAME:
MINI MART III, INC.
2. VA REGISTERED AGENT NAME AND OFFICE ADDRESS: OFFCR.
DHARMESH MEHTA

DUE DATE: 03/31/12

SCC ID NO.: 0536202-5

4119 WOODLARK DR

ANNANDALE, VA 22003

3. CITY OR COUNTY OF VA REGISTERED OFFICE:
129-FAIRFAX COUNTY

4. STATE OR COUNTRY OF INCORPORATION:
VA-VIRGINIA

5. STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	200

DO NOT ATTEMPT TO ALTER THE INFORMATION ABOVE. Carefully read the enclosed instructions. Type or print in black only.

6. PRINCIPAL OFFICE ADDRESS:

<input type="checkbox"/> Mark this box if address shown below is correct	If the block to the left is blank or contains incorrect data please add or correct the address below.
ADDRESS: 4817 COLUMBIA PIKE	ADDRESS:
CITY/ST/ZIP ARLINGTON, VA 22204	CITY/ST/ZIP

7. DIRECTORS AND PRINCIPAL OFFICERS:

All directors and principal officers must be listed.
An individual may be designated as both a director and an officer.

Mark appropriate box unless area below is blank: <input type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information	If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement
OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/> NAME: DHARMESH MEHTA TITLE: PRESIDENT ADDRESS: 4119 WOODLARK DR CITY/ST/ZIP: ANNANDALE, VA 22003	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> NAME: TITLE: ADDRESS: CITY/ST/ZIP:

I affirm that the information contained in this report is accurate and complete as of the date below.

SIGNATURE OF DIRECTOR/OFFICER
LISTED IN THIS REPORT

DHARMESH MEHTA/PRESIDENT

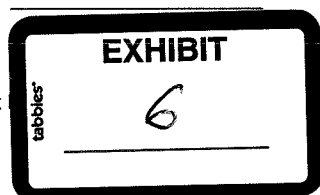
PRINTED NAME AND CORPORATE TITLE

03/23/2012

It is a Class 1 misdemeanor for any person to sign a document that is false in any material respect with intent that the document Commission for filing.

+ 0360505 000002062 09SCC1

AF002V Rev 15 2/11



CORPORATION NAME:
MINI MART III, INC.

DUE DATE: 03/31/12
SCC ID NO.: 0536202-5

7. DIRECTORS AND PRINCIPAL OFFICERS (continued):

All directors and principal officers must be listed.

An individual may be designated as both a director and an officer.

Mark appropriate box unless area below is blank: <input type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information	If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement
OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/> NAME: RENU MEHTA TITLE: VICE PRESIDENT ADDRESS: 4119 WOODLARK DR CITY/ST/ZIP: ANNANDALE, VA 22003	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> NAME: TITLE: ADDRESS: CITY/ST/ZIP:
Mark appropriate box unless area below is blank: <input type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information	If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement
OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> NAME: TITLE: ADDRESS: CITY/ST/ZIP:	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> NAME: TITLE: ADDRESS: CITY/ST/ZIP:
Mark appropriate box unless area below is blank: <input type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information	If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement
OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> NAME: TITLE: ADDRESS: CITY/ST/ZIP:	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> NAME: TITLE: ADDRESS: CITY/ST/ZIP:
Mark appropriate box unless area below is blank: <input type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information	If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement
OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> NAME: TITLE: ADDRESS: CITY/ST/ZIP:	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> NAME: TITLE: ADDRESS: CITY/ST/ZIP:
Mark appropriate box unless area below is blank: <input type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information	If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement
OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> NAME: TITLE: ADDRESS: CITY/ST/ZIP:	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> NAME: TITLE: ADDRESS: CITY/ST/ZIP:

COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSIONFile online at
sccefile.scc.virginia.gov

11208433

1. CORPORATION NAME:
Amigo Services, Inc.
2. VA REGISTERED AGENT NAME AND OFFICE ADDRESS: OFFCR.
DHARMESH MEHTA

DUE DATE: 05/31/12

SCC ID NO.: 0597117-1

4119 WOODLARK DR

5. STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	200

- ANNANDALE, VA 22003
3. CITY OR COUNTY OF VA REGISTERED OFFICE:
129-FAIRFAX COUNTY
4. STATE OR COUNTRY OF INCORPORATION:
VA-VIRGINIA

DO NOT ATTEMPT TO ALTER THE INFORMATION ABOVE. Carefully read the enclosed instructions. Type or print in black only.

6. PRINCIPAL OFFICE ADDRESS:

<input type="checkbox"/> Mark this box if address shown below is correct	If the block to the left is blank or contains incorrect data please add or correct the address below.
ADDRESS: 4119 WOODLARK DR	ADDRESS:
CITY/ST/ZIP ANNANDALE, VA 22003	CITY/ST/ZIP

7. DIRECTORS AND PRINCIPAL OFFICERS:

All directors and principal officers must be listed.
An individual may be designated as both a director and an officer.

Mark appropriate box unless area below is blank: <input type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information	If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement
OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/>
NAME: DHARMESH MEHTA	NAME:
TITLE: PRESIDENT	TITLE:
ADDRESS: 4119 WOODLARK DR	ADDRESS:
CITY/ST/ZIP: ANNANDALE, VA 22003	CITY/ST/ZIP:

I affirm that the information contained in this report is accurate and complete as of the date below.

DHARMESH MEHTA / PRESIDENT

4/30/2012

SIGNATURE OF DIRECTOR/OFFICER
LISTED IN THIS REPORT

PRINTED NAME AND CORPORATE TITLE

It is a Class 1 misdemeanor for any person to sign a document that is false in any material respect with intent that the document be
Commission for filing.

+ 0368977 000001713 09SCC1

AF002V Rev 15 2/11

EXHIBIT

7

CORPORATION NAME:
Amigo Services, Inc.

DUE DATE: 05/31/12
SCC ID NO.: 0597117-1

7. DIRECTORS AND PRINCIPAL OFFICERS (continued):

All directors and principal officers must be listed.
An individual may be designated as both a director and an officer.

<p>Mark appropriate box unless area below is blank: <input type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information</p>		<p>If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement</p>	
<p>OFFICER <input checked="" type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: RENU MEHTA TITLE: VICE PRESIDENT ADDRESS: 4119 WOODLARK DR CITY/ST/ZIP: ANNANDALE, VA 22003</p>		<p>OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p>	
<p>Mark appropriate box unless area below is blank: <input type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information</p>		<p>If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement</p>	
<p>OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p>		<p>OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p>	
<p>Mark appropriate box unless area below is blank: <input type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information</p>		<p>If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement</p>	
<p>OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p>		<p>OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p>	
<p>Mark appropriate box unless area below is blank: <input type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information</p>		<p>If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement</p>	
<p>OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p>		<p>OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p>	

2011 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION



① CORPORATION NAME
 AMIT SERVICES, INC.

DUE DATE:
 CORPORATION ID: **0603309-6**

② VA REGISTERED AGENT NAME AND ADDRESS: OFFICER.

DHARMESH MEHTA
 4119 WOODLARK DR
 ANNANDALE VA 22003

⑤ STOCK INFORMATION:

CLASS	AUTHORIZED
COMMON	200

③ CITY OR COUNTY OF VA REGISTERED OFFICE:
 129 - FAIRFAX COUNTY

④ STATE OR COUNTRY OF INCORPORATION:
 VA - VIRGINIA

Handwritten: HUB 09-19-11

DO NOT ATTEMPT TO ALTER THE INFORMATION ABOVE. Carefully read the attached instruction sheet. Type or print in black only. If item ⑥ is blank or incorrect, you must add or change the principal office address where indicated. If item ⑦ is blank or incorrect, you must add or change the director and officer information where indicated.

⑥ PRINCIPAL OFFICE ADDRESS:

<input type="checkbox"/> Mark this box if address shown below is correct	If address is blank or incorrect, add or correct below.
ADDRESS: 4119 WOOD LARK DRIVE	ADDRESS:
CITY/ST/ZIP: ANNANDALE VA 22003	CITY/ST/ZIP:

⑦ DIRECTORS AND PRINCIPAL OFFICERS:

All directors and principal officers must be listed.
 An individual may be designated as both a director and an officer.

Mark appropriate box unless area below is blank: <input type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information	If information at lower left is incorrect or blank, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement
OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/> NAME: DHARMESH MEHTA TITLE: PRESIDENT ADDRESS: 4119 WOOD LARK DRIVE CITY/ST/ZIP: ANNANDALE VA 22003	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> NAME: TITLE: ADDRESS: CITY/ST/ZIP:

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS REPORT IS ACCURATE AND COMPLETE.

SIGNATURE OF DIRECTOR/OFFICER
 LISTED IN THIS REPORT

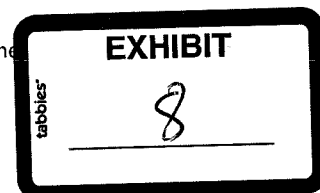
DHARMESH MEHTA / PRESIDENT

PRINTED NAME AND TITLE

03/30/2011

DATE

It is a Class 1 misdemeanor for any person to sign a document he knows is false in any material respect with intent that the Commission for filing.



2011 ANNUAL REPORT CONTINUED

DUE DATE:
CORPORATE ID: 0603309-6

⑦ DIRECTORS AND PRINCIPAL OFFICERS (continued): All directors and principal officers must be listed.
An individual may be designated as both a director and an officer.

Mark appropriate box unless area below is blank: <input type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete Information	If information at lower left is incorrect or blank, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement
NAME: RENU MEHTA TITLE: VICE PRESIDENT ADDRESS: 4119 WOOD LARK DRIVE CITY/ST/ZIP: ANNANDALE VA 22003 OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/>	NAME: TITLE: ADDRESS: CITY/ST/ZIP: OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/>
Mark appropriate box unless area below is blank: <input type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete Information	If information at lower left is incorrect or blank, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement
NAME: TITLE: ADDRESS: CITY/ST/ZIP: OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/>	NAME: TITLE: ADDRESS: CITY/ST/ZIP: OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/>
Mark appropriate box unless area below is blank: <input type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete Information	If information at lower left is incorrect or blank, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement
NAME: TITLE: ADDRESS: CITY/ST/ZIP: OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/>	NAME: TITLE: ADDRESS: CITY/ST/ZIP: OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/>
Mark appropriate box unless area below is blank: <input type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete Information	If information at lower left is incorrect or blank, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement
NAME: TITLE: ADDRESS: CITY/ST/ZIP: OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/>	NAME: TITLE: ADDRESS: CITY/ST/ZIP: OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/>



① CORPORATION NAME
RENU FINANCIAL SERVICES INC

DUE DATE 03/31/09

② VA REGISTERED AGENT NAME AND OFFICE ADDRESS DIR
DHARMESH MEHTA

SCC ID NO 0613261-7

4022 ANNANDALE RD

⑤ STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	200

ANNANDALE, VA 22003

③ CITY OR COUNTY OF VA REGISTERED OFFICE
129-FAIRFAX COUNTY

④ STATE OR COUNTRY OF INCORPORATION
VA-VIRGINIA

DO NOT ATTEMPT TO ALTER THE INFORMATION ABOVE Carefully read the attached instruction sheet Type or print in black only If item ⑥ is blank or incorrect, you must add or change the principal office address where indicated If item ⑦ is blank or incorrect, you must add or change the director and officer information where indicated

⑥ PRINCIPAL OFFICE ADDRESS

<input checked="" type="checkbox"/> Mark this box if address shown below is correct	If the block to the left is blank or contains incorrect data please add or correct the address below
ADDRESS 4119 WOODLARK DR	ADDRESS
CITY/ST/ZIP ANNANDALE, VA 22003	CITY/ST/ZIP

⑦ DIRECTORS AND PRINCIPAL OFFICERS

All directors and principal officers must be listed
An individual may be designated as both a director and an officer

Mark appropriate box unless area below is blank <input checked="" type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information	If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement
OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/>
NAME DHARMESH MEHTA	NAME
TITLE PRESIDENT	TITLE
ADDRESS 4119 WOODLARK DR	ADDRESS
CITY/ST/ZIP ANNANDALE, VA 22003	CITY/ST/ZIP

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS REPORT IS ACCURATE AND COMPLETE

SIGNATURE OF DIRECTOR/OFFICER
LISTED IN THIS REPORT

PRINTED NAME AND CORPORATE TITLE

It is a Class 1 misdemeanor for any person to sign a document he knows is false in any material respect with intent that the document be used in connection with the business of the State Corporation Commission for filing

+ 0221205 000004897 09SCC1

EXHIBIT

9

CORPORATION NAME
RENU FINANCIAL SERVICES INC

DUE DATE: 03/31/09
SCC ID NO. 0613261-7

⑦ DIRECTORS AND PRINCIPAL OFFICERS (continued)

All directors and principal officers must be listed
An individual may be designated as both a director and an officer

<p>Mark appropriate box unless area below is blank <input checked="" type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information</p>		<p>If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement</p>	
<p>OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME RENU MEHTA TITLE VICE PRESIDENT ADDRESS 4119 WOODLARK DR CITY/ST/ZIP ANNANDALE, VA 22003</p>		<p>OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME TITLE ADDRESS CITY/ST/ZIP</p>	
<p>Mark appropriate box unless area below is blank <input type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information</p>		<p>If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement</p>	
<p>OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME TITLE ADDRESS CITY/ST/ZIP</p>		<p>OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME TITLE ADDRESS CITY/ST/ZIP</p>	
<p>Mark appropriate box unless area below is blank <input type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information</p>		<p>If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement</p>	
<p>OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME TITLE ADDRESS CITY/ST/ZIP</p>		<p>OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME TITLE ADDRESS CITY/ST/ZIP</p>	
<p>Mark appropriate box unless area below is blank <input type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information</p>		<p>If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement</p>	
<p>OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME TITLE ADDRESS CITY/ST/ZIP</p>		<p>OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME TITLE ADDRESS CITY/ST/ZIP</p>	